NO PP	UNITED TIES AND EXC Washington, FOR TICE OF SALE URSUANT TO F SECTION 4(RM LIMITED OF	HANGE CON D.C. 20549 M D OF SECURI REGULATION 6), AND/OR FERING EX	TIES MAY	3 1 C ZU	OMB Number: Expires: Estimated average flours per form SEC US	April 30, 2008 burden
Offering of membership interests of K2 Lo		ias onangos, una n	renewio oriengo./			
Filing Under (Check box(es) that apply): Type of Filing: ☐ New Filing	☐ Rule 504 ☑ Amendment	☐ Rule 505	⊠ Rule 506	☐ Se	ction 4(6) UL	OE
	A. BASIC	IDENTIFICAT	ION DATA			
Enter the information requested about the Name of Issuer	· · · · · · · · · · · · · · · · · · ·	as changed, and in	dicate change.		0706	66400
Address of Executive Offices c/o K2 Advisors, L.L.C., 300 Atlantic Street		•	et, City, State, Zip Ce	ode) T	elephone Number (I (203) 90	ncluding Area Code) 5-5358
Address of Principal Offices (if different from Executive Offices)		(Number and Stree	et, City, State, Zip Co	ode) T	elephone Number (l	ncluding Area Code)
Brief Description of Business: Private in	vestment Company		PHC	CES	SED	
Type of Business Organization corporation business trust	•	artnership, already artnership, to be fo			(please specify)	
Actual or Estimated Date of Incorporation or Currisdiction of Incorporation or Organization:	(Enter two-letter U.S. P		Yea O eviation for State; or other foreign juriso	3	Actual D E	☐ Estimated
GENERAL INSTRUCTIONS			 _			

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC II	DENTIFICATION DAT	Α	
Each beneficial owEach executive offi	ne issuer, if the iss ner having the pov cer and director of	uer has been organized wit ver to vote or dispose, or di			a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first,	if individual): K2	Advisors, L.L.C.			-
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 300 Atlantic Stree	t, 12 th Floor, Stam	oford, CT 06901
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual): Do	uglass III, William A.			
Business or Residence Add 06901	ress (Number and	Street, City, State, Zip Coo	de): c/o K2 Advisors, l	L.C. 300 Atlantic	Street, 12 th Floor, Stamford, CT
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual): Sa	unders, David C.		-	
Business or Residence Add 06901	ress (Number and	Street, City, State, Zip Coo	de): c/o K2 Advisors, L	L.C. 300 Atlantic	Street, 12 th Floor, Stamford, CT
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual): Fe	guson, John T.			
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): c/o K2 Advisors, L.	L.C. 300 Atlantic	Street, 12 th Floor, Stamford, CT 06901
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual): Bu	nting Family Private Fund	d, LLC		
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 9690 Deereco Roa	d, Suite 700, Time	onium, MD 21093
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual):	<u> </u>			
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	le):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В.	INFORM	MATION	ABOUT	OFFER	ING			
1.	Has the issue	er sold, or	does the is	suer inten				estors in th lumn 2, if f				☐ Yes	⊠ No
2.	What is the n	ninimum in	vestment t	that will be	accepted	from any i	ndividual?	************					,000,000*
											•	May be wai	ved by the general partner
	Does the offe		-	•	•							⊠ Yes	i □ No
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)												
Full (Name (Last na	ame first, i	f individual))									
Busi	ness or Resid	ence Addr	ess (Numb	per and St	reet, City,	State, Zip	Code)				<u>-</u>		
Nam	e of Associate	ed Broker	or Dealer	· · · ·									
State	s in Which Po (Check "All S										•		☐ All States
□ (<i>A</i>	·		INECK II (IIIVI [AR]		s)[CO]					☐ [GA]	[HI]	□ [ID]	☐ All States
(II	[IN]	□ [IA]	☐ [KS]				☐ [MD]	☐ [MA]			☐ [MS]	[MO]	
A) 🔲	IT) [NE]	□ [NV]	□ [NH]	[NJ]	[MM]	□ [NY]	☐ [NC]	[ND]	□ [OH]	□ [OK]	☐ [OR]	□ [PA]	
□ (F	iij 🔲 (SC)	☐ [SD]		□ [TX]		□ (VT)	□ [VA]	□ [WA]			□ [WY]	[PR]	
Full	Name (Last na	ame first, i	f individual)	· <u></u>	,			•, •				
Busia	ness or Resid	ence Addr	ess (Numb	per and St	reet, City, S	State, Zip	Code)						
Nam	e of Associate	ed Broker o	or Dealer										
	s in Which Po (Check "All S												☐ All States
□ [A	_		[AR]				□ [DE]			☐ [GA]	[HI]		Li Ali Olales
[]	_] [IN]	□ [IA]	[KS]	□ [KY]	☐ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	☐ {MO}	
□ [ħ	IT) [NE]	[NV]	□ [NH]	[NJ]	□ [NM]	[NY]	□ [NC]	[ND]	□ [OH]		□ [OR]	□ [PA]	
☐ [F	11] 🔲 (SC)	☐ [SD]		□ [ТХ]	□ [UT]	□ [VT]	□ [VA]	[WA]		□ [WI]	[WY]	□ [PR]	
Full I	lame (Last na	ame first, if	individual)		-						-	
Busin	ness or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Nam	e of Associate	ed Broker o	or Dealer						·				
	s in Which Pe (Check "All S												☐ All States
□ {A		[AZ]			☐ [CO]					□ [GA]	☐ (HI)	□ [ID]	
□ (II	_] [IN]	[IA]	☐ [KS]	□ [KY]	☐ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	☐ [MI]	☐ [MN]	☐ [MS]	[MO]	
□ (v	IT] [NE)	□ [NV]	[NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]				□ [OR]	[PA]	
□ (P	(I) [SC]	☐ (SD)	□ [TN]	□ [TX]	[UT]	[√T]	[AV]	[WA]		[W]	□ (WY)	□ (PR)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

3 of 8

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sqrt{a} \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	. <u>\$</u>		\$	
	Equity	, \$ _		\$	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	. \$		\$	
	Partnership Interests	. \$		\$_	
	Other (Specify) Membership Interests	<u>\$</u>	900,000,000	<u>\$_</u>	136,948,250
	Total	\$	900,000,000	\$_	136,948,250
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	·	105	\$_	136,948,250
	Non-accredited Investors	·	n/a	\$	n/a
	Total (for filings under Rule 504 only)	·	0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C–Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		•	s	n/a
	Regulation A			•	n/a
		· —	n/a	*	n/a
	Rule 504 Total	_	n/a	\$	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	·	193	<u> </u>	102
	Transfer Agent's Fees		🗆	<u>\$</u>	
	Printing and Engraving Costs		🗆	\$	
	Legal Fees		🛛	\$	56,688
	Accounting Fees		🛛	\$	5,000
	Engineering Fees		🗆	\$	
	Sales Commissions (specify finders' fees separately)		🛘	\$_	
	Other Expenses (identify)	• • • • • • • • • • • • • • • • • • • •	🗆	\$, <u>.</u>
	Total		🛛	\$	63,688

•								
4	b.Enter the difference between the aggregate offering price given in response to Part C–Q and total expenses furnished in response to Part C–Question 4.a. This difference is the "a gross proceeds to the issuer."	djusted			<u>\$</u>	899,9	36,312	
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed muthe adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. at	an st equal	Davis	4- 4-				
			Óffi Direc	ents to icers, ctors & liates			nents to thers	
	Salaries and fees		\$	0	_ 🗆	\$	0	
	Purchase of real estate		\$	0	_ 📮	\$	0	
	Purchase, rental or leasing and installation of machinery and equipment		\$	0		\$	0	
	Construction or leasing of plant buildings and facilities		\$	0	_ 🗆	\$	0	
	offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger		\$	0	_ 🗆	\$	0	
	Repayment of indebtedness		\$	0	_ 🗆	\$	0	
	Working capital		\$	0	_ 🛛	\$ 899	,936,312	
	Other (specify):		\$	0	_ 🗆	\$	0	
			\$	0	_ 🗆	\$	0_	
	Column Totals		\$	0	_ 🛛	\$ 899	936,312	
	Total payments Listed (column totals added)			∑ \$8	\$899,936,312			
	D. FEDERAL SIGNATUR	 ?E					 	
CO	is issuer has duly caused this notice to be signed by the undersigned duly authorized personstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comm the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	n. If this	notice is filed pon written red	under Rule quest of its	505, the staff, the	following s	signature n furnished	
	suer (Print or Type) Signature		<u> </u>	D	ate			
	2 Long Short Fund, LLC Title of Signer (Print or Type) Title of Signer (Print or Type)				May	30, 200)7	
	ame of Signer (Print or Type) Title of Signer (Print or Type) The T. Ferguson Chief Compliance Officer, K2	Advisor	s, L.L.C., its (Seneral Pa	rtner			
	ATTENTION							
	Intentional misstatements or omissions of fact constitute federal c	riminal v	riolations. (Se	e 18 U.S.C	 C. 1001.1			

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
K2 Long Short Fund, LLC	The A	May 30, 2007
Name of Signer (Print or Type)	Title of Signer (Print of Tyge)	
John T. Ferguson	Chief Compliance Officer K2 Advisors, L.L.C., it	s General Partner

Instruction:

Print the names and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	•			AP	PENDIX					
٦		2	3	·	•	4			5	
	to non-a investor	I to sell ccredited s in State – Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)					
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ		Х	\$900,000,000	2	\$2,000,000	0	\$0		х	
AR										
CA		Х	\$900,000,000	9	\$5,000,000	0	\$0		х	
со		х	\$900,000,000	6	\$15,250,000	0	\$0		Х	
СТ		х	\$900,000,000	10	\$3,699,222	0	\$0		Х	
DE		х	\$900,000,000	2	\$2,000,000	0	\$0		Х	
DC										
FL		х	\$900,000,000	7	\$3,800,000	0	\$0		х	
GA		x	\$900,000,000	3	\$1,500,000	0	\$0		х	
н										
ID										
IL		Х	\$900,000,000	8	\$16,900,259	0	\$0		х	
IN		х	\$900,000,000	1	\$2,000,000	0	\$0		х	
IA										
KS										
KY		х	\$900,000,000	1	\$6,452,991	0	\$0		Х	
LA										
ME										
MD		х	\$900,000,000	1	\$25,000,000	0	\$0		х	
MA		х	\$900,000,000	1	\$1,000,000	0	\$0		х	
MI		х	\$900,000,000	5	\$3,500,000	0	\$0		х	
MN		х	\$900,000,000	1	\$500,000	0	\$0		х	
MS										
МО										
мт										
NE										
NV										
NH										
NJ		х	\$900,000,000	7	\$5,000,000	0	\$0		х	
NM										

				AP	PENDIX					
1	-	2	3	4						
	to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)	•	Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY		х	\$900,000,000	20	\$14,938,678	0	\$0		х	
NC		х	\$900,000,000	2	\$9,722,100	0	\$0		х	
ND										
ОН										
ок		Х	\$900,000,000	1	\$1,000,000	0	\$0		Х	
OR										
PA		х	\$900,000,000	6	\$6,900,000	0	\$0		х	
RI										
sc		x	\$900,000,000	1	\$500,000	0	\$0		X	
SD		Х	\$900,000,000	1	\$750,000	0	\$0		х	
TN										
тх		Х	\$900,000,000	7	\$4,350,000	0	\$0		X	
UT					<u> </u>				<u> </u>	
VT									ļ	
VA		х	\$900,000,000	3	\$2,250,000	0	\$0		х	
WA										
wv									_	
WI	<u> </u>									
WY									<u> </u>	
Non			-							

